

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000

or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

12/29/2004

FOLEY AND LARDNER SUITE 500 3000 K STREET NW WASHINGTON, DC 200075109 03/25/2005 SZEWDIE2 00000002 08907041

01 FC:1501

1400.00 OP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000. on the date indicated below.

on the date materica below.	talismitted to the OSI TO (703) 740-4000,
(Depositor's name)	
(Signature)	
(Date)	
	· · · · · · · · · · · · · · · · · · ·

ı	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	08/907,041	08/06/1997	JOEL S. GREENBERGER	76333/103	7766		
TITLE OF INVENTION: PROTECTION FROM IONIZING IRRADIATION OR CHEMOTHERAPEUTIC DRUG DAMAGE BY IN VIVO GENE THERAPY							

SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE NO \$1400 \$0 \$1400 03/29/2005 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS CHEN, SHIN LIN 514-044000 1632 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Foley & Lardner LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Pittsburgh, Pennsylvania University of Pittsburgh Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 5.

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
☐ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-074 the charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-074 the charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-074 the charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-074 the charge the required fec(s), or credit any overpayment, to Deposit Account Number 19-074 the charge the required fec(s) and the charge the required fec(s) are charged the charge the required fec(s).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be acces interest as shown by the records of the United States Paten) and Tradem	lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature	Date March 24, 2005

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name Stephen A. Bent

Registration No.

29,768